



# Choosing and using your plan

Your guide to open enrollment and making the most of your benefits

**Petersburg City Public Schools**

**Dental and Vision benefits**

**Effective October 1, 2023**

**Anthem**    
And Its Affiliate HealthKeepers, Inc.

# Time to choose your plan

## Your trusted health partner

Anthem is committed to being your trusted healthcare partner. We're developing technology, solutions, programs, and services that give you greater access to care. We are also working with healthcare professionals to make sure you get affordable quality healthcare.



# Time to choose your plan

A great way to start is to focus on what’s important to you

Open enrollment is the time to explore your benefits, programs, and resources that can support your health and well-being all year long.

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member.

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### How to enroll

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

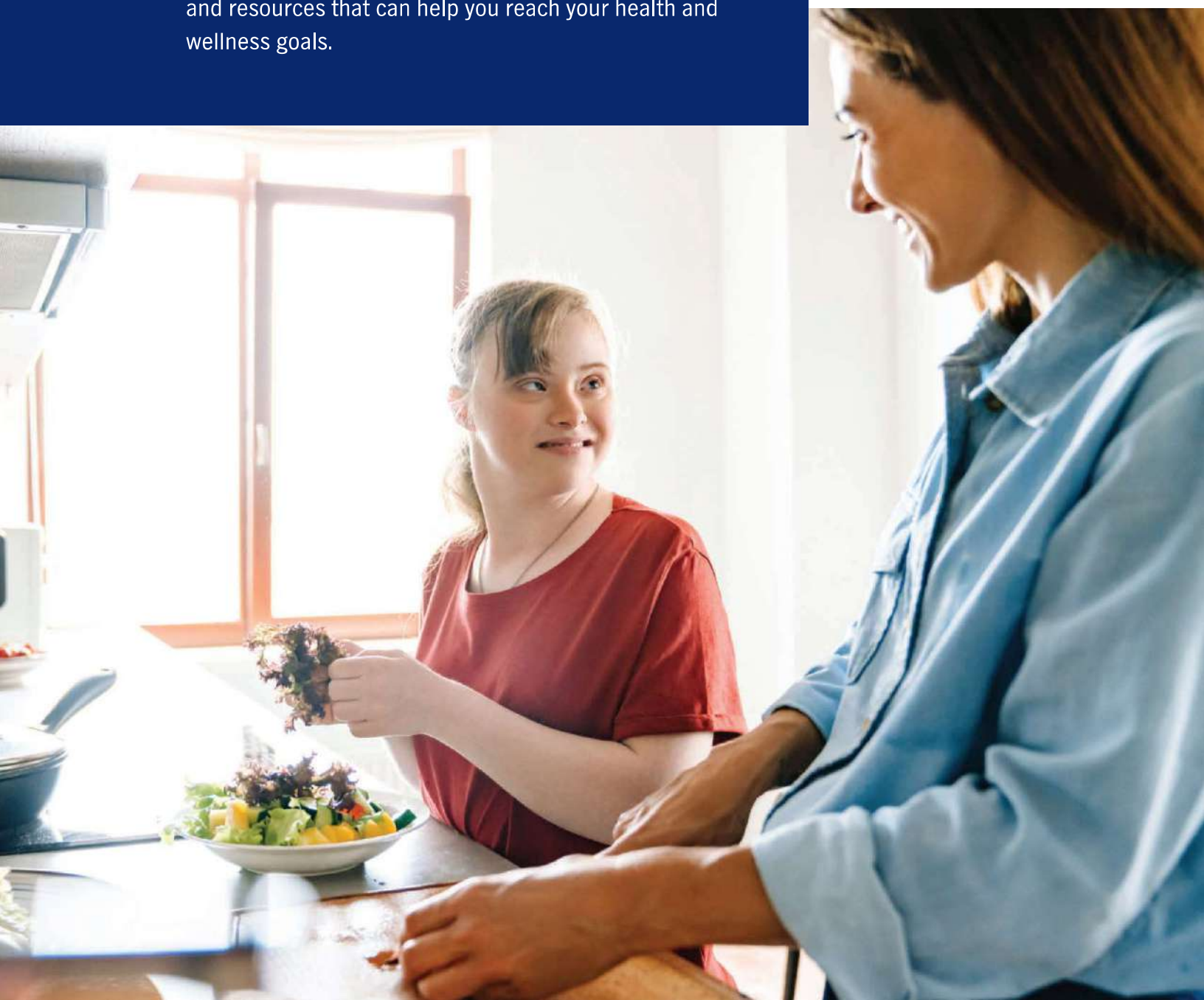


# Using your plan



## How to use your plan

Once you become a member, explore how to make the most of your benefits . This guide shows you ways to make using your plan easier. You will also discover tools and resources that can help you reach your health and wellness goals.



# How to use your plan

## Register for online tools and resources

Your plan comes with great tools and programs to help you reach your health goals that may come at no extra cost, and save money on health products and services. For detailed information, use the **Sydney Health** mobile app or register at **anthem.com**.

### Sydney Health mobile app

Discover a powerful and more personalized health app. Access your benefits and wellness tools to improve your overall health with the **Sydney Health** app. The app works with you by guiding you to better overall health — and brings your benefits and health information together in one convenient place. **Sydney Health** has everything you need to know to make the most of your benefits while taking care of your health.

### Working with you:

- Reminding you about important preventive care needs.
- Guiding you with insights based on your history and changing health needs.
- Empowering you with personalized resources to find and compare doctors and check costs.

### Working for you:

- **Chat** - If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.
- **Virtual Care** - Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.
- **Community Resources** - This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

## Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **anthem.com**. Your digital ID card works the same as a paper one. You can share it with your doctor or pharmacy by printing a copy anytime you need one, or emailing or faxing it from your computer or mobile device. You also can download your ID card for quicker access.

## Find a doctor in your plan

The right doctor can make all the difference. Choosing a doctor who is in your plan's network can save you money. Your plan includes a broad selection of high-quality doctors. If you decide to receive care from doctors outside the plan's network, it will cost you more and your care might not be covered.

To find a healthcare professional or facility in your plan's network, use the **Find Care** tool on the **Sydney Health** mobile app or at **anthem.com**. You can search for doctors, hospitals, pharmacies, and high-quality labs.

# How to use your plan

## Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room. If you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.

**Summary of Benefits**  
**Anthem Dental Essential Choice**  
**PETERSBURG CITY PUBLIC SCHOOLS**  
**Anthem Dental Complete Network**



**WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

**Powerful and easily accessible member tools.**

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

**Dentists in your plan network.**

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?**

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for who to call, write or email.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b> • Per insured person	Contract Year	\$1,000	\$1,000
<b>D&amp;P applies to Annual Maximum</b>		No	No
<b>Annual Maximum Carryover / Carry in</b>		No/No	No/No
<b>Orthodontic Lifetime Benefit Maximum</b> • Per eligible insured person		\$1,000	\$1,000
<b>Annual Deductible (Does not apply to Orthodontic Services)</b> • Per insured person/Family maximum	Contract Year	\$50/3X Individual	\$50/3X Individual
<b>Deductible Waived for Diagnostic/Preventive Services</b>		Yes	Yes
<b>Out-of-Network Reimbursement:</b>		Prime (MAC)	

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic oral exam 2 per 12 months</li> <li>Teeth cleaning (prophylaxis) 2 per 12 months; w/o periodontal maintenance</li> <li>Bitewing X-rays: 1 set per 12 months</li> <li>Full-mouth or Panoramic X-rays: 1 per 60 months</li> <li>Fluoride application: 2 per 12 months; through age 19</li> <li>Sealants 1 per 60 months; through age 15</li> <li>Space Maintainers 1 per lifetime through age 14; posterior teeth</li> </ul>	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Consultation (second opinion) 1 per 12 months</li> <li>Amalgam (silver-colored) Filling 1 per tooth per 24 months</li> <li>Composite (tooth-colored) Filling 1 per tooth per 24 months</li> <li>posterior (back) fillings alternated to amalgam benefit (silver-colored filling)</li> <li>Brush Biopsy (cancer test) Covered, 1 per 12 months; all ages</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Root Canal 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Apicoectomy and apexification 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal Maintenance 2 per 12 months; w/o teeth cleaning</li> <li>Scaling and root planing 1 per quadrant per 24 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Surgical)</b> 1 per quadrant per 36 months <ul style="list-style-type: none"> <li>Periodontal Surgery (osseous, gingivectomy, graft procedures)</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>Simple Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>Surgical Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>Crowns, onlays, veneers 1 per tooth per 84 months</li> <li>Cosmetic teeth whitening Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Temporomandibular Joint Disorder (TMJ)</b> <ul style="list-style-type: none"> <li>X-rays, splints, and surgical procedures Not Covered</li> <li>including arthroscopy and orthotic devices</li> </ul>	Not Covered	Not Covered	N/A
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>Dentures and bridges 1 per tooth per 84 months</li> <li>Dental Implants Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>Adults &amp; Dependent Children</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Periods

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## Additional Services and Programs

### Anthem Whole Health Connection - Dental®

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

### Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

### Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

### International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

## Additional Limitations & Exclusions

**Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.**

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

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# Brush up on your dental benefits

## Your Anthem PPO plan gives you something to smile about

Keeping up with dental checkups is just as important as you age as it was when you were a kid. Regular checkups not only help keep your teeth and gums healthy, but they also can spot early signs of other health conditions.<sup>1</sup> That means going to the dentist can lead to better overall health.

### Your dental benefits at a glance

Your Anthem dental benefits include:

- 100% coverage for most preventive and diagnostic care, such as routine cleanings and X-rays, when you see a dentist in your plan's network.
- Coverage for services such as extra periodontal cleanings for gum health if you're part of certain care management programs.
- Virtual dental care through The TeleDentists®.
- Discounts on health-related products and services from SpecialOffers<sup>SM</sup>.
- Clear aligners for mild-to-moderate teeth straightening through your dental office or Ortho@Home.
- Custom fit, premium replacement dentures through Dentures@Home.

### Why it helps to use dentists in your plan's network

Going to a dentist in your plan's network can save you time and money. These dentists have agreed to provide care at discounted rates. If they charge more than what your dental plan pays, they can't bill you for the difference. They'll also file claims for you.

### How to get a cost estimate from your dentist

If you need a major procedure, you can ask your dentist to submit a pretreatment estimate to Anthem. This estimate will give you a sense of what's covered under your plan and what you may have to pay out of pocket. It's especially useful if you need major procedures such as dentures, crowns, and gum disease treatment.<sup>2</sup>

### For more information or to find a dentist

- Use the Sydney<sup>SM</sup> Health mobile app, or visit [anthem.com](https://www.anthem.com).
- Call Member Services at the number on your ID card.



## How to make the most of your dental plan

### Find a dentist, review plan details, and ask questions on the app or online

Your dental plan includes digital tools and resources at no extra cost through our Sydney Health app and **anthem.com**.



**Find Care:** Search for a dentist in your plan's network by name, location, or specialty using the Find Care feature. You also can look up common dental treatments and compare estimated costs at dentists in your plan's network.



**Benefits information:** Log in to review your plan benefits, check how much you have paid toward your deductible, find the status of a claim, or access your digital ID card.



**Ask the Hygienist:** Send a question about your oral health to a dental hygienist and get an answer usually within 24 hours. They can answer questions and offer dental health tips about preventing and treating diseases of the mouth.



**Dental Cost Estimator:** Gives you a range of estimated costs in your area so you know what to expect to pay before having a treatment or procedure. Also compares estimated costs for dentists in and out of your plan's network.<sup>2</sup>



**Dental Health Assessment:** This quiz helps you better understand your oral health and risk factors for tooth decay, gum disease, and oral cancer. You'll receive a personalized report to share with your dentist, along with a dental health score that shows how you're doing and where you may need help.

To start using these digital tools, log in to our **Sydney Health app**, or visit **anthem.com**.

## Virtual dental visits are available

For standard dental care on the go or for an urgent dental issue, contact The TeleDentists for a virtual visit. The cost is the same as an in-office visit. Learn more, or make an appointment at **theteledentists.com/anthem**.

<sup>1</sup> Academy of General Dentistry, Know Your Teeth, Oral Warning Signs (accessed February 2023); knowyourteeth.com.

<sup>2</sup> A pretreatment estimate is not a guarantee of benefits or a guarantee of payment of benefits.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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# Making the most of two dental plans

## How dual coverage works

If you are covered by two different dental plans, you have dual dental coverage. For example, you and your spouse may cover each other under dental plans from your employers. Another example might be covering a child under two dental plans in the case of a divorce. It's easier to use your benefits confidently when you know how these plans work together.

### What is dual coverage?

Dual coverage doesn't mean you have double the benefits — but it can mean you pay less for dental care. The plans work together to decide what share of the costs each one pays through a process called coordination of benefits (COB). State laws decide which plan pays first (this is the **primary plan**) and which pays second (the **secondary plan**). Knowing which plan is primary and which is secondary can help you estimate your share of the costs.

### Which plan is primary?

This depends on who is receiving the care.



#### If the care is for:

**You**, and you have a dental plan with your employer

**Your spouse**, and they also have a dental plan through their employer

**Your child**, and you and your spouse each have a dental plan

**Your child**, and you're divorced but the divorce decree makes you responsible for your child's healthcare costs

**Your child**, and you're divorced but the divorce decree doesn't name who's responsible for healthcare costs



#### Then:

**Your plan** is primary

**Their plan** is primary

**The birthday rule applies:** The primary plan is the one for the parent whose birthday is earlier in the year

**Your plan** is primary

**The plan of the parent with custody** of the child is usually primary\*

There is an exception to these rules. If you and your spouse each have a dental plan and one plan doesn't coordinate benefits, that plan is primary for both of you. Check each person's plan documents to see if this applies to you.



## How much does each plan pay?

Coordination of benefits decides what total percentage of the cost both plans will cover. They will never pay more than 100% of the costs.

The **primary plan** pays the full benefit allowed by the plan as if you had no other coverage. **Secondary plan** payments are decided by how the plan coordinates benefits. There are two methods the secondary plan might use to decide this. Check your dental plan documents to see which one applies to you.

- **Standard method:** Receive up to 100% of the total cost of care from a combination of the primary and secondary plans.
- **Non-duplication of benefits method:** The secondary plan covers what the primary plan does not. If both plans cover the same things, the secondary plan doesn't pay at all.

Here are some examples that show how much each plan might pay, depending on the coverage type and the coordination of benefits method. Your plan won't be exactly like this.

	Type of coverage	Primary plan covers	Secondary plan covers	Secondary plan pays	Total share covered by both plans	Your out-of-pocket responsibility	How we did the math
<b>Option 1</b>	No dual coverage	50% of the cost of care	N/A	N/A	50%	50%	Without dual coverage, only one plan pays for care.
<b>Option 2</b>	Standard dual coverage	50%	80%	50%	100%	0%	The primary plan paid 50%. The secondary plan will pay up to 80%. In this case, the secondary plan paid 50%, resulting in 100% of the amount paid.
<b>Option 3</b>	Dual coverage with non-duplication of benefits, <b>secondary plan covers more than the primary plan</b>	50%	80%	30%	80%	20%	The primary plan paid 50%. The secondary plan pays up to 80%. In this case, it covers the additional 30% not covered by the primary plan.
<b>Option 4</b>	Dual coverage with non-duplication of benefits, <b>primary and secondary plan cover the same percentage</b>	50%	50%	0%	50%	50%	The primary plan paid 50%. Because the primary plan and the secondary plan cover the same 50%, only the primary plan pays.



### Use your benefits with confidence

If you have questions, call Member Services at the number on your ID card.

To review your dental plan documents, log in at **anthem.com**. Go to **My Plans** and select **Dental**, then choose **Plan Documents**.

\*If your divorce decree doesn't name the parent responsible for your child's healthcare expenses, the primary plan is determined in this order: 1) plan of the parent with custody of the child; 2) plan of the spouse of the parent with custody of the child; 3) plan of the parent who doesn't have custody of the child. Coordination of benefits isn't calculated based on pre-estimates for services. There is no guarantee that the primary plan will pay the pre-estimate amount when the claim is actually processed.

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## Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at **anthem.com**, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$10 Copay	Reimbursed Up To \$42	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$150 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every other calendar year
<b>Eyeglass Lenses (instead of contact lenses)</b>			
One pair of standard plastic prescription lenses			
<ul style="list-style-type: none"> <li>Single vision lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> </ul>	\$25 Copay \$25 Copay \$25 Copay	Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80	Once every calendar year
<b>Eyeglass Lens Enhancements</b>			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> <li>Transitions Lenses (for a child under age 19)</li> <li>Standard polycarbonate (for a child under age 19)</li> <li>Factory Scratch Coating</li> </ul>	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (instead of eyeglass lenses)</b>			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> <li>Elective conventional (non-disposable) OR</li> <li>Elective disposable OR</li> <li>Non-elective (medically necessary)</li> </ul>	\$150 Allowance, then 15% off any remaining balance  \$150 Allowance (no additional discount)  Covered in full	Reimbursed Up To \$105  Reimbursed Up To \$105  Reimbursed Up To \$210	Once every calendar year
<b>Contact lens fit and follow-up</b>			
<i>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</i>			
<ul style="list-style-type: none"> <li>Standard contact lens fitting</li> <li>Premium contact lens fitting</li> </ul>	\$0 Copay 10% off retail price, then apply \$55 allowance	Reimbursed Up To \$35 Reimbursed Up To \$35	Once every calendar year

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

### EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.  
**Excess Amounts.** Amounts in excess of covered vision expense.  
**Sunglasses.** Plano sunglasses and accompanying frames.  
**Safety Glasses.** Safety glasses and accompanying frames.  
**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.  
**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.  
**Orthoptics.** Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-Network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> – at member's option, can be performed a time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>Transitions lenses (Adults)</li> <li>Standard Polycarbonate (Adults)</li> <li>Tint (Solid and Gradient)</li> <li>UV Coating</li> <li>Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Premium Tier 3</li> <li>Premium Tier 4</li> </ul> </li> <li>Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Premium Tier 3</li> </ul> </li> <li>Other Add-ons</li> </ul>	\$75 \$40 \$15 \$15  \$55 \$85 \$95 \$110 \$175  \$45 \$57 \$68 \$85  20% off retail price
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> <li>Complete Pair</li> <li>Eyeglass materials purchased separately</li> </ul>	40% off retail price 20% off retail price
<b>Eyewear Accessories</b>	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
<b>Conventional Contact Lenses</b> (non-disposable type)	<ul style="list-style-type: none"> <li>Discount applies to materials only</li> </ul>	15% off retail price

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM
Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at <a href="http://anthem.com">anthem.com</a> , select discounts, then Vision, Hearing & Dental.

\* Discounts cannot be used in conjunction with your covered benefits.

#### OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at [anthem.com](http://anthem.com), or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

**TO FAX:** 866-293-7373  
**TO EMAIL:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**TO MAIL:** Blue View Vision  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111

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## Get Help in Your Language

**Curious to know what all this says? We would be too. Here's the English version:**

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

### Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

### Amharic

ይህንን መረጃ እና እገዛ በቋንቋዎ በነጻ እገዛ የማግኘት መብት አለዎት። ለእገዛ በመታወቂያዎ ላይ ያለውን የአባል አገልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

### Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

### Bassa

M bédé dyí-bèdèin-dèò bɛ̀ m̀ kɛ̀ bõ̀ nià kɛ̀ kè gbo-kpá- kpá dyé dɛ̀ m̀ bídí-wùdùün bó pídyi. Đá mébà jè gbo-gmò Kpòè nòbà nià nì Dyí-dyoìn-bèõ kōɛ bɛ̀ m̀ kɛ̀ gbo-kpá-kpá dyé. (TTY/TDD: 711)

### Bengali

বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডের থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

### Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

### Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

### French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

### German

Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

### Hindi

आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

### Igbo

Ị nwere ikike ịnweta ozi a yana enyemaka n'asụsụ gị n'efu. Kpọọ nọmba Ọrụ Onye Otu dị na kaadi NJ gị maka enyemaka. (TTY/TDD: 711)

### **Korean**

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

### **Russian**

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

### **Tagalog**

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

### **Urdu**

آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

### **Vietnamese**

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

### **Yoruba**

O ní ètò láti gba ìwífún yìí kí o sì ṣèrànwọ ní èdè rẹ lófèfẹ. Pe Nọmbà àwọn ìpèsè ọmọ-ẹgbẹ lórí káàdì ìdánimọ rẹ fún ìrànwọ. (TTY/TDD: 711)

### **It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Blue View Vision



## Benefits that focus on your eye care

Many of us put our vision to the test every day with reading, driving, and spending time on a computer or phone. That's why we want to make it easier for you to take care of your eyes — and help catch health issues earlier.

## Working together for your total health

Eye doctors are often the first to find signs of chronic health conditions, such as diabetes, high blood pressure, and high cholesterol<sup>1</sup> — all through an eye exam. So, if they notice any signs of one of these conditions during your eye checkup, they can share that information with your primary care doctor to get a better picture of your overall health.

## Accessible care on your terms

Blue View Vision gives you options to receive care when and where you need it with one of the nation's largest vision networks.

- **More doctors and locations.** With over 42,000 eye doctors and other eye care providers at more than 30,000 locations<sup>2</sup> in your plan's network, you're sure to find care that's close to home or work.
- **Convenience and flexibility.** Visit an independent eye doctor or choose from a variety of popular regional and national retail and online stores included in our standard network. Many of these stores have evening and weekend hours to work with most schedules.

## Eyewear to fit your style

Access eye care and buy eyewear at a price that works with your budget. Keep in mind you'll receive discounts<sup>3</sup> when you go to an independent eye doctor or optical retail store that's in your plan's network. You can also include the following options at no additional cost:

- Factory scratch coating on standard/basic eyeglass lenses.
- Polycarbonate and Transitions® lenses for covered dependents under age 19.

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS®

PEARLE  
VISION  
EST. 1961

OPTICAL™

GLASSES.COM

contactsdirect

1800contacts®

Ray-Ban

befitting



## Other plan benefits:

- Negotiated savings on other popular lens options and treatments.
- High-quality progressive lenses and antireflective coatings at different price levels.
- Access to translation support and vision resources when traveling abroad.
- 15-20% off the balance of the cost over your benefit allowance for contact lenses or eyeglass frames.
- 20% off other upgrades, accessories, and nonprescription sunglasses.
- 40% off extra pairs of glasses anytime, from any provider in your plan's network.
- Up to 30% savings on prescription eye drops for myopia (low dose Atropine) and dry eyes (Total Tears) filled through ImprimisRx home delivery.



### Search for an eye doctor

To find eyecare professionals in your plan's network near you, use Find Care on the Sydney<sup>SM</sup> Health mobile app or **anthem.com**.



## We're here to help

If you have questions, log in to the Sydney Health app or **anthem.com** or call us at the Member Services number on your ID card.

<sup>1</sup> American Academy of Ophthalmology – EyeSmart: 20 Surprising Health Problems on Eye Exam Can Catch (accessed June 2023): [aaa.org](https://www.aaa.org).

<sup>2</sup> Zelis Network360 data, January 2023.

<sup>3</sup> Discounts don't apply to frames for which a manufacturer has imposed a no-discount policy.

What you've read here is a brief outline of the products and services included in our standard full service vision plan that provides coverage for exams and prescription eyewear. It is not a legal contract. Your plan benefits may vary from this. To get the details of your specific benefits, exclusions, and restrictions, please see your plan documents.

Transitions is a registered trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure, and lens material.

Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

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# Save money with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.



## Dental, hearing, and vision

### Dental

#### ProClear™ Aligners

You can improve your smile without metal braces and dental visits. These clear, teeth-straightening aligners, which you buy online, are an excellent lower-cost option to the regular wire braces or aligner treatments you receive through an orthodontist.

#### RefreshaDent

Save on premium dentures from the comfort of your home with a lifetime warranty.

### Hearing

#### NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

#### Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

### Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

### Eyewear

#### Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

### EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

### LASIK

#### Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

### TruVision

Save on LASIK eye surgery at over 1,000 locations.

## Health and fitness

### Health

#### BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

#### ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable trackers, and health products such as vitamins and nutrition bars.

#### Jenny Craig®

Receive everything you need to make it easier to reach your health goals. In addition to no-cost coaching, you can also save on food purchases.

#### LifeMart®

Deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

### Fitness

#### Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

#### Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget.

#### Garmin®

Discounts are available on select Garmin wellness devices.

#### GlobalFit®

Discounts are available for gym memberships, fitness equipment, coaching, and other services.

## Family and home

### Family

#### WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

#### Safe Beginnings®

Babyproof your home while saving on everything from safety gates to outlet covers.

#### 23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

### Home

#### Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

#### ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

## Medicine and treatment

### Medicine

#### Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

#### Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

### Treatment

#### The Living Well Course Series

Choose one of the online living programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or face an alcohol problem.

▶ **Learn more about SpecialOffers**  
Log in to **anthem.com**, choose **Care**, and select **Discounts**.

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# The ins and outs of coverage

Knowing that you have health care coverage that meets your and your family's needs is reassuring.

But part of your decision in choosing a plan also means you need to understand:

- Who can enroll
- How you and your employer handle coverage changes
- What's not covered by your plan
- How your coverage works with other health plans you might have

## Who can be enrolled

You can choose coverage for just you. Or, you can have coverage for your family, including you and any of the following family members:

- Your spouse
- Your children age 26 or younger, including:
  - A newborn, natural child or a child placed with you for adoption
  - A stepchild
  - Any other child for whom you have legal guardianship

Coverage will end on the last day of the month in which they turn 26.

Some children have mental or physical challenges that prevent them from living independently. The dependent age limit does not apply to these enrolled children as long as these challenges were present before they turned 26.

**1. At the employer level, which affects you and other employees covered by an employer's plan, your plan can be:**

Renewed	Canceled	Changed	When
●			<p>Your employer:</p> <ul style="list-style-type: none"> <li>Keeps its status as an employer.</li> <li>Stays in our service area.</li> <li>Meets our guidelines for employee participation and premium contribution.</li> <li>Pays the required health care premiums.</li> <li>Doesn't commit fraud or misrepresent itself.</li> </ul>
	●		<p>Your employer:</p> <ul style="list-style-type: none"> <li>Makes a bad payment.</li> <li>Voluntarily cancels coverage (30-days advance written notice required).</li> <li>Is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan.</li> <li>Still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice).</li> </ul>
	●		<ul style="list-style-type: none"> <li>We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice).</li> <li>We decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice).</li> </ul>
		●	<p>You and your employer received a 30-day advance written notice that the coverage was being changed (services were added to your plan or the copays were lowered). Copays can be increased or services can be decreased only when it is time for your group to renew its coverage.</p>

**2. At the individual level, which affects you and covered family members, your plan can be:**

Renewed	Canceled	When you
●		<ul style="list-style-type: none"> <li>Stay eligible for your employer's coverage.</li> <li>Pay your share of the monthly payment (premium) for coverage.</li> <li>Don't commit fraud or misrepresent yourself.</li> </ul>
	●	<p>Give wrong information on purpose about yourself or your dependents when you enroll. Cancellation is effective immediately.</p>
	●	<ul style="list-style-type: none"> <li>Lose your eligibility for coverage.</li> <li>Don't make required payments or make bad payments.</li> <li>Commit fraud.</li> <li>Are guilty of gross misbehavior.</li> <li>Don't cooperate if we ask you to pay us back for benefits that were overpaid (coordination of benefits recoveries).</li> <li>Let others use your ID card.</li> <li>Use another member's ID card.</li> <li>File false claims with us.</li> </ul> <p>Your coverage will be canceled after you receive a written notice from us.</p>



## Special enrollment periods

In most cases, you're only allowed to enroll in your employer's health plan during certain eligibility periods, such as when it's first offered to you as a "new hire" or during your employer's open enrollment period, when employees can make changes to their benefits for an upcoming year.

But there can be other times when you may be eligible to enroll. For example, let's say the first time you were offered coverage, you stated in writing that you didn't want to enroll yourself, your spouse or your covered dependents because you had coverage through another carrier or group health plan. If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage) you may be able to enroll your family later. But you must ask to be enrolled within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Finally, a special enrollment period of 60 days will be allowed if:

- Your or your dependents' coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) is terminated as a result of a loss of eligibility.
- You or your dependents become eligible for premium assistance under a state Medicaid or SCHIP plan.

To request special enrollment or get more information, contact your employer.

## When you're covered by more than one plan

If you're covered by two different group health plans, one is considered primary and the other is considered secondary. The primary plan is the first to pay a claim and reimburse according to plan allowances. The secondary plan then reimburses, usually covering the remaining allowable costs.

## Determining the primary and secondary plans

See the chart below to learn which health plan is considered the primary plan. The term “participant” means the person who signed up for coverage:

When a person is covered by two group plans, and	Then	Primary	Secondary
One plan does not have a COB provision	The plan without COB is	●	
	The plan with COB is		●
The person is the participant under one plan and a dependent under the other	The plan covering the person as the participant is	●	
	The plan covering the person as a dependent is		●
The person is the participant in two active group plans	The plan that has been in effect longer is	●	
	The plan that has been in effect the shorter amount of time is		●
The person is an active employee on one plan and enrolled as a COBRA participant for another plan	The plan in which the participant is an active employee is	●	
	The COBRA plan is		●
The person is covered as a dependent child under both plans	The plan of the parent whose birthday occurs earlier in the calendar year (known as the birthday rule) is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	
The person is covered as a dependent child and coverage is required by a court decree	The plan of the parent primarily responsible for health coverage under the court decree is	●	
	The plan of the other parent is		●
The person is covered as a dependent child and coverage is <i>not</i> stipulated in a court decree	The custodial parent's plan is	●	
	The noncustodial parent's plan is		●
The person is covered as a dependent child and the parents share joint custody	The plan of the parent whose birthday occurs earlier in the calendar year is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	

## How benefits apply if you're eligible for Medicare

Some people under age 65 are eligible for Medicare in addition to any other coverage they may have. The following chart shows how payment is coordinated under various scenarios:

When a person is covered by Medicare and a group plan, and	Then	Your plan is primary	Medicare is primary
Is qualified for Medicare coverage due solely to end-stage renal disease (ESRD-kidney failure)	During the 30-month Medicare entitlement period	●	
	Upon completion of the 30-month Medicare entitlement period		●
Is a disabled member who is allowed to maintain group enrollment as an active employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is the disabled spouse or dependent child of an active full-time employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to a disability	If Medicare had been secondary to the group plan before ESRD entitlement	●	
	If Medicare had been primary to the group plan before ESRD entitlement		●

## Recovering overpayments

If health care benefits are overpaid by mistake, we will ask for reimbursement for the overpayment. This is referred to as “coordination of benefits recoveries.” We appreciate your help in the recovery process. We reserve the right to recover any overpayment from:

- Any person to or for whom the overpayments were made
- Any health care company
- Any other organization